

MANUFACTURED HOUSING BROKER **APPLICATION**

DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION
MANUFACTURED HOUSING SECTION
101 SEA HERO ROAD, SUITE 100
FRANKFORT KY 40601-5405
PHONE (502) 573-0382 FAX: (502) 573-1004

This application must be **COMPLETED** in detail and **PRINTED**. No application will be reviewed unless the instructions herein are complied with. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application.

Applicant, as used in this application, means an individual operating in his/her name or under an authorized assumed name; two or more partners operating as a partnership or under an authorized assumed name; and any person with an ownership interest in the proposed business. This application must be approved by the Manufactured Home Certification and Licensure Board.

BROKERS REGULATIONS: 815 KAR 25: 060 SECTION 2 (3) AS RELATES TO KRS 227.550-660 AND 227.990

Section 8. Broker License.

- (1) A broker of manufacture housing shall not engage in business in this state without a license issued by this office upon application.
- (10) If a person who sells manufactured homes and offers for sale used manufactured homes only as a negotiator or broker for a fee, commission, compensation or other valuable consideration, the person shall apply for and be issued a license as a broker for that limited function pursuant to this administration regulation with the following conditions:
 - (a) His established place of business may be his business address and the broker shall not be required to have a hard surface lot for display and repair; and
 - (b) The units being sold by the Broker shall be inspected by the office or a Certified Kentucky Retailer and the "B" Seal of approval or salvage label shall be affixed to the unit prior to offering it for sale.
- (1) Mobile Home Broker - \$250
- (2) Department of Revenue Sales and Use Tax Permit Number _____.
- (3) List name of Broker: _____.
- (4) Name of owner or partners (principle owners or corporate officers – indicate percent of business owned and title):

<u>NAME</u>	<u>PERCENT</u>	<u>TITLE</u>

Corporation Name: _____

Chief Managing Officer: _____

(5) Location of established place of business, as defined in KRS 227.550

Street/Mailing Address City

Zip Code County Phone Number

(6) Do you own the property occupied by the dealership? YES NO

If no, the name and address of the landlord or lessor.

(7) Approximate size of office (can not be residence): _____

(8) Do you have a suitable sign with the broker name and type of dealership? YES NO

The undersigned states that he/she is the applicant or the authorized signature of the applicant; that he/she has an established place of business as that term is defined in KRS 227.550. That he/she has read the statement contained in this application and that the same are true and correct. That statement made herein are made under full and complete knowledge of penalty or perjury and that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the license for which this application is submitted. Pursuant to KRS 227.550, he/she authorizes the Office of the State Fire Marshal to obtain sufficient financial information to establish our ability to comply with the requirements of the Mobile Home and Recreational Vehicle Act. I hereby certify compliance with the applicable standards for KRS 227.550-227.660 and all regulations thereunder.

Check or money order in the amount of two hundred and fifty dollars (\$250.00) made payable to the **KENTUCKY STATE TREASURER** must accompany this application.

Signature of Applicant

Social Security Number

Home Phone Number

ZONING & LAND USE AUTHORITY FORM

DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION

MANUFACTURED HOUSING

101 SEA HERO ROAD, SUITE 100

FRANKFORT KY 40601-5405

PHONE: (502) 573-0382

FAX: (502) 573-1004

This is to certify that the _____ County/City
(Name of County/City)

zoning authority has authorized the following address _____

(Street address of dealership)

as suitable and legally fit as a Manufactured/Mobile Home Sales and Service Center (Retail Dealer) location, at which the business of a dealer, including the DISPLAY OF HOMES, may be lawfully carried on in accordance with the terms of all applicable building codes, zoning and other land use regulatory ordinances.

(Signature of County Judge Executive or Chief Zoning Official)

Date: _____

OFFICE OF THE KENTUCKY STATE FIRE MARSHAL

MANUFACTURED HOUSING DIVISION

101 SEA HERO ROAD, SUITE 100

FRANKFORT KY 40601-5405

PHONE: (502) 573-0382 EXT 409

FAX: (502) 573-1004

DATE: _____

DEALERSHIP: _____

ADDRESS: _____
(Street)

(City) (Zip) (County)

TYPE OF OFFICE BUILDING:

_____ Site Built

_____ Mobile/Manufactured Home
Serial # _____ HUD # _____
Singlewide__ Doublewide __

_____ Other Manufactured
ID# _____

_____ Temporary Building or Stand

_____ Other (Description) _____

Inspector's Signature

Date

Dealership's Representative

Date